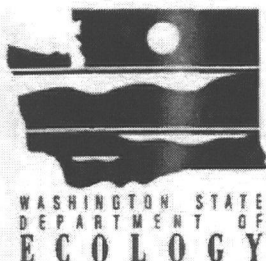


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# Dangerous Waste Annual Report Verification Form

1998

Washington State Department of Ecology  
Hazardous Waste Information  
P. O. Box 47658  
Olympia, WA 98504-7658  
(800) 874-2022 (within state)  
(360) 407-6170

For Ecology Use Only - Date Received :

Form	Review	HWIMSy Entry	Verification	P3
VF				
GM				
WR				
OI				

## Site Location Information :

RCRA Site ID: **WAD 988 510 731**  
Company Name: **Long Services Corp**  
Site Location: **8230 5TH AVE S**  
City/State/Zip: **SEATTLE, WA 98108-4498** County: **KING**  
Dept. of Revenue Tax Registration Number: Primary SIC : **1542**  
Current company name if different from above: \_\_\_\_\_

**This Report is  
Due  
No Later Than  
March 1, 1999**

All information listed below is required. If information is missing or incorrect, please enter the changes in the right hand column.

### 1a The mailing address for this site is:

Name: **Long Services Corp**  
Mail Address: **PO Box 80245**  
**SEATTLE, WA 98108**

### 1b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
\_\_\_\_\_

### 2a The legal company/agency owner of this site is:

Name: **Anne Long**  
Mail Address: **PO Box 80245**  
**SEATTLE, WA 98108**  
Work Phone: **(206) 763-8050** Ext: \_\_\_\_\_

### 2b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Did the company ownership of this site change in 1998?

- ☐ Yes Date: \_\_\_\_\_  
(continue to the right):  
☐ No (go to 3a):

I represent the:

- ☐ Current Company Owner  
☐ Previous Company Owner

- ☐ I need a Notification Form sent to me  
☐ I have already submitted a revised  
Notification Form

This report covers waste activity for: ☐ Entire year ☐ My term of ownership only

### 3a The land owner of this site is:

Name: **Anne Long**  
Mail Address: **PO Box 80245**  
**SEATTLE, WA 98108**  
Phone: **(206) 763-8050** Ext: \_\_\_\_\_

### 3b

Name: \_\_\_\_\_  
Mail Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### 4a The contact for site visits and inspections is:

Name/Title: **Uschi Tomerleau**  
Mail Address: **PO Box 80245**  
**SEATTLE, WA 98108**  
Work Phone: **(206) 763-8050** Ext: \_\_\_\_\_

### 4b

Name/Title: **JOHN CARLSON / SAFETY DIRECTOR**  
Mail Address: **8230 5TH AVE S**  
**SEATTLE, WA 98108**  
Work Phone: **206-763-8050** Ext: **237**

### 5a The contact for annual report forms is:

Name/Title: **Uschi Tomerleau**  
Mail Address: **PO Box 80245**  
**SEATTLE, WA 98108**  
Work Phone: **(206) 763-8050** Ext: \_\_\_\_\_

### 5b

Name/Title: **JOHN CARLSON / SAFETY DIRECTOR**  
Mail Address: **8230 5TH AVE S**  
**SEATTLE, WA 98108**  
Work Phone: **206-763-8050** Ext: **237**

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## 6. Generator Status and Waste Management Activities

Indicate the facility's generator status for 1998 by checking the appropriate boxes below. If your status has changed from last year, please use the Comments section (#8, below) to explain.

### 6a. Generator Status

- ☐ Large Quantity Generator (LQG)  
☐ Medium Quantity Generator (MQG)  
☐ Small Quantity Generator (SQG)  
☒ No regulated dangerous waste generated

### 6b. Transportation Activity (requires prior notification)

- ☐ Transporter for your own waste  
☐ Transporter for commercial purposes

### 6c. Treatment, Storage, Disposal, Recycling (TSDR) Facility (Requires Permit)

- ☐ For waste generated at this facility  
☐ For waste generated by other facilities

### 6d. Excluded On-Site Waste Management

- ☐ Permit-by-Rule - (PBR)  
☐ Recycling without prior storage or accumulation

## 7. Report Summary

Please check off which forms are included in this report and provide the total number of pages. For electronic data submittal, please indicate method of your submission.

### 7a. Paper Form Submittal

- ☒ Verification (VF) Form  
☐ Generation and Management (GM) Form  
☐ Off-site Identification Information (OI) Form  
☐ Waste Received (WR) Form  
☐ Recycling Credit documentation attached

☒ Total Number of pages submitted

### 7b. Electronic Data Submittal

- ☐ Verification (VF) Form  
☐ Disk(s) included  
☐ Data submitted on Internet  
☐ Recycling Credit documentation attached

## 8. Comments

## 9. Certification

The following must be signed by authorized representative of the company/agency. This certification language is required under EPA's Biennial Report. Ecology is required to implement reporting requirements at least as stringent as those in that report.

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Signature (in ink)

Name (print/type)

Date

Title

*John Carlson*

JOHN CARLSON

3-1-99

SAFETY DIRECTOR

If you have special accommodation needs or require this document in an alternative format, please contact the Hazardous Waste and Toxics Reduction Program at (360) 407-6700 (voice) or (360) 407-6006 (TDD).

Do Not FAX this document unless requested by the Department of Ecology.

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